

**TOWN OF DAVIE  
TOWN COUNCIL AGENDA REPORT**

**TO:** Mayor and Councilmembers

**FROM/PHONE:** Herb Hyman/797-1016

**PREPARED BY:** Herb Hyman/797-1016

**SUBJECT:** Resolution

**AFFECTED DISTRICT:** All

**ITEM REQUEST:** Schedule for Council Meeting

**TITLE OF AGENDA ITEM:** SELECTION OF FIRM - RESOLUTION OF THE TOWN OF DAVIE, FLORIDA, SELECTING THE FIRM OF CPZ ARCHITECT, INC. TO DESIGN EMERGENCY GENERATORS FOR ESSENTIAL PUBLIC FACILITIES AND AUTHORIZING THE TOWN ADMINISTRATOR OR HIS DESIGNEE TO NEGOTIATE AN AGREEMENT FOR SUCH SERVICES.

**REPORT IN BRIEF:** The Town solicited competitive sealed proposals for the design of emergency generators for essential public facilities. RFP documents were sent to twenty-five (25) prospective proposers. Additionally, the bid was advertised state-wide in Florida Bid Reporting and nationally in BidNet and also posted on the Town's web site. The Town received seven (7) proposals. All proposals are available for viewing in the Purchasing Division. The selection committee short listed the top three (3) proposers to make an oral presentation. Following oral presentations, the selection committee ranked the firms. CPZ Architect, Inc. was ranked as the firm best qualified to provide the required services in accordance with the ranking totals attached hereto.

**PREVIOUS ACTIONS:** Not applicable.

**CONCURRENCES:** CPZ Architect, Inc. was chosen by the selection committee.

**FISCAL IMPACT:** Yes

Has request been budgeted? Yes

If yes, expected cost: To be negotiated with the highest ranked firm.

Account Name: Housing and Community Development Capital Outlay  
Account

**RECOMMENDATION(S):** Motion to approve the resolution.

**Attachment(s):** Procurement Authorization, Bid Opening Report, Selection Committee  
Rankings, Incorporation information

RESOLUTION NO. \_\_\_\_\_

A RESOLUTION OF THE TOWN OF DAVIE, FLORIDA, SELECTING THE FIRM OF CPZ ARCHITECT, INC. TO DESIGN EMERGENCY GENERATORS FOR ESSENTIAL PUBLIC FACILITIES AND AUTHORIZING THE TOWN ADMINISTRATOR OR HIS DESIGNEE TO NEGOTIATE AN AGREEMENT FOR SUCH SERVICES.

WHEREAS, the Town solicited proposals to design emergency generators for essential public facilities; and

WHEREAS, the selection committee has selected CPZ Architect, Inc. as the firm best qualified to provide the required services; and

WHEREAS, it is in the Town's best interest to execute a contract for such services.

NOW, THEREFORE, BE IT RESOLVED BY THE TOWN COUNCIL OF THE TOWN OF DAVIE, FLORIDA:

SECTION 1. The Town Council of the Town of Davie does hereby accept the selection of CPZ Architect, Inc. as the firm best qualified to provide the required services and authorizes the Town Administrator or his designee to negotiate an agreement for such services and present that contract for approval at a future meeting date. Should no agreement be reached with the highest ranking firm, then the Town Administrator or his designee shall negotiate with the next ranked firm and present that agreement for approval.

SECTION 2. This resolution shall take effect immediately upon its passage and adoption.

PASSED AND ADOPTED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_,  
2008

\_\_\_\_\_  
MAYOR/COUNCIL  
MEMBER

Attest:

\_\_\_\_\_  
TOWN CLERK

APPROVED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2008

# TOWN OF DAVIE PROCUREMENT AUTHORIZATION

**ACCOUNT NUMBER.** **BUDGET ITEM & DESCRIPTION** **APPROXIMATE COST**  
011-1603-554-6400 Emergency Generators for Essential Public Facilities \$80,000.00  
*CAPITAL OUTLAY*  
**METHOD OF PROCUREMENT (check the one that applies)**

☐ Open Competitive Bidding  
☐ Piggyback on Contract Number \_\_\_\_\_  
☐ Sole Source  
☒ Request For Proposals

**SPECIFICATIONS & LIST OF VENDORS MUST BE ATTACHED**

Signed

*S. Taylor-Parkett*  
H&CD Department Head

*7/29/08*  
Capital Projects Department Head

Have Funds been Reserved *160-37360*

Date *8/15/08* Signed

Signed

*Mary Shuman*  
Town Administrator

**BIDS SUBMITTED**

VENDOR	COST
CP2 ARCHITECTS	RANKED 1 <sup>ST</sup>
KORE CONSULTING	RANKED 2 <sup>ND</sup>
GLE ASSOCIATES	RANKED 3 <sup>RD</sup>
WALTER ZACHRY ASSOCIATES	NOT RANKED
KENNETH CARLSON, P.A.	NOT RANKED
LINEA 5, INC.	NOT RANKED
SGM ENGINEERING	NOT RANKED

Signed

*[Signature]*  
Procurement Manager

**BID SPECIFICATION COMMITTEE'S RECOMMENDATION**

Vendor	Cost
CP2 ARCHITECTS	RANKED 1 <sup>ST</sup>

BID OPENING REPORT

BID NAME: Architectural Services  
Design Emergency Generators for Public Facilities  
 BID NUMBER: B-88-124 TIME: 2:09 p.m.  
 DATE: 9-9-08

ESTIMATED COST: \_\_\_\_\_

NO.	CONTRACTOR'S NAME	BID AMOUNT	COMMERCIAL RANKING
1.	Walters Zackria Assoc.	SEE ATTACHED	
2.	CPZ Architect, Inc.		PROPOSALS
3.	Kenneth Carlson, P.A.		
4.	Linea 5, Inc.		
5.	SGM Engineering		
6.	GLE Associates		
7.	Kore Consulting		
8.			
9.			
10.			

REMARKS

SPECS SENT TO TWENTY-FIVE (25) PROSPECTIVE RESPONDENTS  
TOWN REC'D SEVEN (7) RESPONSES.

NOTE: THE ABOVE BID AMOUNTS HAVE NOT BEEN CHECKED, AND BID TOTALS ARE SUBJECT TO CORRECTION AFTER THE BIDS HAVE BEEN COMPLETELY REVIEWED.

THIS IS ONLY A FINANCIAL RANKING OF ALL THE BIDS RECEIVED. THE USING DEPARTMENT IS RESPONSIBLE FOR REVIEWING THE BIDS FOR COMPLIANCE WITH ALL THE BID SPECIFICATIONS PRIOR TO SUBMITTAL OF LETTER OF RECOMMENDATION.

PURCHASING OFFICIAL: [Signature]

DATE: 9/9/08

WITNESS: Angela Salinas

DATE: 9-9-08

	A	B	C	D
1				
2				
3		DESIGN EMERGENCY GENERATORS		
4				
5				
6	COMMITTEE MEMBER	GLE	CPZ	KORE
7		ASSOCIATES	ARCHITECT	CONSULTING
8				
9	W. ACKERMAN	90	97	93
10	R. MUNIZ	ABSENT		
11	M. DIEZ	80	75	95
12	L. NGUYEN	65	75	50
13	B. HITCHCOCK	ABSENT		
14	K. PURSELL	ABSENT		
15	H. HYMAN	93	96	92
16				
17	TOTAL	328	343	330

3 1 2  
2 3 1  
2 1 3  
2 1 3  
9 6 9

**Request for Taxpayer  
Identification Number and Certification**

Give form to the  
requester. Do not  
send to the IRS.

Print or type  
See Specific Instructions on page 2

Name (as shown on your income tax return) <b>CPZ Architects, Inc.</b>	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶	<input type="checkbox"/> Exempt from backup withholding
Address (number, street, and apt. or suite no.) <b>4316 West Broward Boulevard</b>	Requester's name and address (optional)
City, state, and ZIP code <b>Plantation, Florida 33317</b>	
List account number(s) here (optional)	

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number								
or								
Employer identification number								
5	7	1	1	4	0	5	5	

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. person (including a U.S. resident alien).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

**Sign Here** Signature of U.S. person ▶ **Chris Zimmerman**  
Digitally signed by Chris Zimmerman  
DN: cn=Chris Zimmerman, c=US, o=CPZ Architects, Inc.  
Date: 2006.02.08 14:52:56 -0500

Date ▶ **4/26/07**

**Purpose of Form**

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

**U.S. person.** Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or

- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

**Foreign person.** If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

**Nonresident alien who becomes a resident alien.**

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

- The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
- The treaty article addressing the income.
- The article number (or location) in the tax treaty that contains the saving clause and its exceptions.



## Vendor/Bidder Disclosure

I, Chris Zimmerman, being first duly sworn state that:  
The full legal name and business address of the person(s) or entity contracting with the  
Town of Davie ("Town") are as follows (Post Office addresses are not acceptable):

Name of Individual, Firm, or Organization: CPZ Architects, Inc.  
Address: 4316 W. Broward Blvd.  
Plantation, FL 33317  
FEIN 57-1140055  
State and date of incorporation Florida-2003

### OWNERSHIP DISCLOSURE AFFIDAVIT

1. If the contract or business transaction is with a corporation, the full legal name and business address shall be provided for each officer and director and each stockholder who directly or indirectly holds five percent (5%) or more of the corporation's stock. If the contract or business transaction is with a trust, the full name and address shall be provided for each trustee and each beneficiary. All such names and address are as follows (Post Office addresses are not acceptable):

Full Legal Name	Address	Ownership
<u>Chris Zimmerman</u>	<u>4316 W Broward</u>	<u>100%</u>
_____	_____	_____%
_____	_____	_____%
_____	_____	_____%

2. The full legal names and business addresses of any other individual (other than subcontractors, materialmen, suppliers, laborers, and lenders) who have, or will have, any legal, equitable, or beneficial interest in the contract or business transaction with the Town are as follows (Post Office addresses are not acceptable):

Full Legal Name	Address
_____	_____
_____	_____
_____	_____
_____	_____

By:

Signature of Affiant

Date:

4-6-07

Chris P. Zimmerman

Print Name

SUBSCRIBED AND SWORN TO or affirmed before me this 6 day of

April

2007, by

Chris P. Zimmerman

he/she is

personally known to me or has presented  
identification.

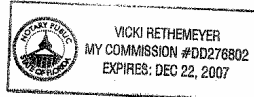
as

Vicki Rethemeyer  
Notary Public, State of Florida at Large

Vicki Rethemeyer  
Print or Stamp of Notary

DD276802  
Serial Number

My Commission Expires: 12/22/07



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS					
<a href="#">Home</a>	<a href="#">Contact Us</a>	<a href="#">E-Filing Services</a>	<a href="#">Document Searches</a>	<a href="#">Forms</a>	<a href="#">Help</a>
<a href="#">Previous on List</a>		<a href="#">Next on List</a>		<a href="#">Return To List</a>	
<a href="#">Events</a>		<a href="#">Name History</a>		<input type="text" value="Entity Name"/>	
<b>Detail by Entity Name</b>					
<b><u>Florida Profit Corporation</u></b>					
CPZ ARCHITECT, INC.					
<b><u>Filing Information</u></b>					
<b>Document Number</b>	P02000128253				
<b>FEI Number</b>	571140055				
<b>Date Filed</b>	12/02/2002				
<b>State</b>	FL				
<b>Status</b>	ACTIVE				
<b>Last Event</b>	NAME CHANGE AMENDMENT				
<b>Event Date Filed</b>	05/27/2003				
<b>Event Effective Date</b>	NONE				
<b><u>Principal Address</u></b>					
4316 W BROWARD BLVD PLANTATION FL 33317					
Changed 05/01/2006					
<b><u>Mailing Address</u></b>					
4316 W BROWARD BLVD PLANTATION FL 33317					
Changed 05/01/2006					
<b><u>Registered Agent Name &amp; Address</u></b>					
DICRESCENZO, ANGELA 665 SE 10TH STREET 201 DEERFIELD BEACH FL 33441 US					
Name Changed: 04/15/2008					
Address Changed: 04/15/2008					
<b><u>Officer/Director Detail</u></b>					
<b><u>Name &amp; Address</u></b>					
Title DP					

ZIMMERMAN, CHRIS P  
1961 SW 68 AVE  
PLANTATION FL 33317

### Annual Reports

**Report Year Filed Date**

<b>2006</b>	05/01/2006
<b>2007</b>	03/21/2007
<b>2008</b>	04/15/2008

### Document Images

<a href="#">04/15/2008 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/21/2007 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">05/01/2006 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/25/2005 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/21/2004 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">05/27/2003 -- Name Change</a>	<a href="#">View image in PDF format</a>
<a href="#">04/30/2003 -- Name Change</a>	<a href="#">View image in PDF format</a>
<a href="#">04/23/2003 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">12/02/2002 -- Domestic Profit</a>	<a href="#">View image in PDF format</a>

**Note:** This is not official record. See documents if question or conflict.

[Previous on List](#) [Next on List](#) [Return To List](#)

[Events](#)

[Name History](#)

[Entity Name](#)

[Home](#) [Contact us](#) [Document Searches](#) [E-Filing Services](#) [Forms](#) [Help](#)  
Copyright and Privacy Policies  
Copyright © 2007 State of Florida, Department of State.